

**CONSENT TO DISCLOSE COMMUNICABLE
DISEASES**

**NOTE: THIS IS NOT THE APPROPRIATE CONSENT
FOR HIV-RELATED INFORMATION**

PATIENT'S LAST NAME	FIRST	M.I.
CASE NO.		
FACILITY		UNIT

INSTRUCTIONS: GIVE A COPY OF THE FORM TO THE PATIENT! Prepare one (1) copy for the Patient's Case Record

I have been advised that communicable diseases must be reported to the New York State Department of Health (NYSDOH) within 24 hours of diagnosis, as defined by the New York State Sanitary Code (10 NYCRR 2.10). I have also been advised that in the event it is determined that I have a communicable disease, the treatment facility may not report this to the Department of Health without my written consent.

Therefore, in order to permit the treatment facility to comply with communicable disease reporting requirements, I hereby consent to allow the above named treatment facility to provide the NYSDOH with information concerning my having contracted a communicable disease, in the event that I am diagnosed as having such a disease.

The extent of the disclosure which may be made shall be limited to: my name, my address, my diagnosis, the identity of persons who I may have exposed to the disease, the source of my disease (if known) and (Specify) any treatment given, and any relevant information for ongoing medical care.

I understand that I may withdraw this consent at any time except to the extent that action has been taken in reliance upon it, and that the information provided by this consent to the NYSDOH cannot be redisclosed without my additional written authorization. I also understand that this consent will expire six (6) months from my date of discharge from the above named treatment facility. I also understand that any disclosure is bound by Title 42 of the Code of Federal Regulations governing the confidentiality of alcohol and drug abuse patient records, as well as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") 45 C.F.R. Pts. 160 & 164; and that redisclosure of this information to a party other than the one designated above is forbidden without additional written authorization on my part.

(Signature of Patient)

Date

New York State Department of Health Communicable Disease Reporting Requirements

Amebiasis	Hepatitis B – Pregnant carrier	RUBELLA – including congenital rubella syndrome
ANIMAL BITES for which rabies prophylaxis is needed	Herpes Infection in infants 60 days and younger	Salmonellosis
ANTHRAX	Hospital associated infections (as defined in Section 2.2 10 NYCRR)	Severe Acute Respiratory Syndrome (SARS)
ARBOVIRAL INFECTIONS	Influenza (laboratory reporting only)	Shigatoxin-producing infection
Babesiosis	Legionellosis	Shigellosis
BOTULISM	Listeriosis	SMALLPOX
BRUCELLOSIS	Lyme Disease	Staphylococcus aureus (due to strains showing reduced susceptibility or resistance to vancomycin)
Campylobacteriosis	Lymphogranuloma venereum	STAPHYLOCOCCAL ENTEROTOXIN B poisoning
Chancroid	Malaria	Streptococcal Infections (see note 4, below)
Chlamydia trachomatis infection	MEASLES	(invasive disease)
CHOLERA	MELIOIDOSIS	Group A beta-hemolytic strep
Cryptosporidiosis	Meningitis	Group B strep
Cyclosporiasis	Aseptic or viral	Streptococcus pneumoniae
DIPHTHERIA	HAEMOPHILUS	SYPHILIS , specify stage
Ehrlichiosis	MENINGOCOCCAL	Tetanus
E. coli O157:H7 infection	Other (specify type)	Toxic shock syndrome
ENCEPHALITIS	MENINGOCOCCEMIA	Transmissible spongiform encephalopathies (CJD)
FOODBORNE ILLNESS	MONKEYPOX	Trichinosis
Giardiasis	Mumps	TUBERCULOSIS current disease (specify site)
GLANDERS	Pertussis	TULAREMIA
Gonococcal Infection	Haemophilus Influenzae (invasive disease)	TYPHOID
Haemophilus Influenzae (invasive disease)	PLAGUE	Vibriosis
HANTAVIRUS DISEASE	POLIOMYELITIS	VACCINIA DISEASE
Hemolytic uremic syndrome	Psittacosis	VIRAL HEMORRHAGIC FEVER
Hepatitis A	Q FEVER	Yersiniosis
HEPATITIS A IN FOOD HANDLER	RABIES	
Hepatitis B, C (specify acute or chronic)	Rocky Mountain Spotted Fever	

SPECIAL Notes

1. Diseases listed in **BOLD CAPITAL TYPE** warrant prompt action and should be reported **immediately** to local health departments by telephone followed by submission of a confidential case report form (DOH-389). In NYC use case report form 395V.
2. In addition to the diseases listed above, any unusual disease (defined as a newly apparent or emerging disease or syndrome that could be caused by a transmissible infectious agent or microbial toxin) is reportable.
3. Outbreaks: while individual cases of some diseases (e.g., streptococcal sore throat, head lice, impetigo, scabies, and pneumonia) are not reportable, a cluster or outbreak of cases of any communicable disease is a reportable event.
4. For streptococcal and haemophilus influenzae infections, only report case with positive cultures from blood, CSF, joint or pleural fluids. Do not report cases with positive cultures from skin, wounds, saliva, sputum, or throat.